



DMAP Worker Guide VII

Payment of Private Health Insurance Premiums

- Excluded groups...2
- Referral to DMAP...2
- Determining cost-effectiveness...3
- Hearings...3
- PHI forms...3

Payment of Private Health Insurance Premiums

Excluded groups

DMAP pays clients' private health insurance (PHI) premiums when:

- The client is not in an "Excluded Group," and
- The PHI premium is determined cost-effective by DMAP

Use the information in this Worker Guide to determine the clients who should be referred to DMAP for PHI premium payments, and how to make the referral.

Referral to DMAP

A case must be screened for PHI premiums and opened on CMS as OHP Plus eligible before sending a referral to DMAP.

PHI premium payment referrals must be sent to DMAP on the Premium Referral form ([DMAP 3073](#)). In order to comply with HIPAA requirements, PHI referrals must only be sent by shuttle or through the mail. Send completed forms to:

PHI Coordinator - CMU
DMAP– Operations
500 Summer St NE E44
Salem OR 97301-1079

When completing the [DMAP 3073](#), do not leave any area blank, and if an area does not apply, write N/A. DMAP will return incomplete referrals to the branch office.

The following information or documentation is needed to complete the [DMAP 3073](#):

- Premium amount
- Type of coverage (major medical, drugs, etc.)
- Name and address of insurance company
- Policyholder's name, group and policy number
- Who the checks are made out to (insurance company, employer, etc.), and the name and address where the checks should be sent
- Client information (name, case number, etc.)
- Medical documentation or information to justify continuing premium payment
- A signed and dated original of the Authorization for Use and Disclosure of Health Information ([DHS 2099](#)). If employer-sponsored insurance, DMAP needs a completed [DHS 2099](#) for both the employer and the insurer. When completing the [DHS 2099](#), remember: Sections A & B require the policyholder's information.
- Section B—Include either individual or employer-sponsored insurance companies here (including COBRA) and the insurance company's address

- Section C should always list the DMAP PHI Coordinator's name and address as shown above
- Section D should be signed by the policyholder (or rep); add branch worker's name, agency and location

Determining Cost-Effectiveness

DMAP determines PHI premium payment cost-effectiveness by:

- Reviewing the clients past use of medical services under medical programs, third parties, and private insurance.
- Estimating the current and probable future health status of the client based on existing medical conditions or documentation.
- Evaluating the extent/limit of coverage available to the client under any health insurance policy, and the cost of the premium.

Hearings

Clients have the right to a hearing to dispute the use of PHI. All hearings comply with DHS hearings rules and procedures. Workers schedule pre-hearing conferences for DMAP. Hearings are held over the phone. Prior to the hearing, DMAP prepares and sends hearing summaries to the parties involved.

PHI Forms

The following forms are available on the DHS forms server.

- Premium Referral for Private Health Insurance (PHI) [DMAP 3073](#)
- Authorization for Use & Disclosure of Information [DHS 2099](#)

Questions?

Call the DMAP PHI Coordinator at 503-945-6562. Please do not give this number to clients who don't have a current open case file in the DMAP/PHI program.

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